

FILED JUN 1 1944
518

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4657

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County... 000
(c) City or town... St. Louis
(If outside city or town limits, write "RURAL"); 918
(d) Street No. 4048 Chouteau Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Josie B. Lewis (GREGORY)

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Charles Lewis 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 14th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 3 hr. min.

9. Birthplace Centralia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Sample

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mary Jamison

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Lewis

(b) Address 4048 Chouteau Ave.

17. (a) Burial (b) Date thereof 5-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 20 1944 J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1944 hour 11:00 minute 45 P.M. M.

21. I hereby certify that I attended the deceased from... 19... to... 19...;

that I last saw him... alive on... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Occlusion
Arteriosclerosis

Due to...

Due to... JH

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 5/20/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

POST 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Edwin M. Merritt*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

-If this body is not embalmed, fact should be so stated above.